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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address belowName **Delphine M. James, Attorney-at-Law**Address **2656 South Loop West, Suite 170**City **Houston**State **TX**ZIP **77054**Country **U.S.A.**Telephone **713/661-4144**(713)
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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])**Andrea**Family Name
or Surname**Wooten**Inventor's
Signature**Andrea Wooten**Date **10/20/03**

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USANAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
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or SurnameInventor's
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Date

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☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

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Name	Registration Number
Delphine M. James	45,960

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Delphine M. James, Attorney-at-Law				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Andrea Wooten
Signature	Andrea Wooten
Date	10/16/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of forms are submitted.

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